

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS								
Part No. _____ NCR No. _____			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Quality <input type="checkbox"/>			
Root Cause		Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Design Doc/Data Equip/Tooling Handling/Pre Material Operator Offset/Setup Process Supplier Training Transport Unapproved														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function			<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence				<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 108978

October-31-13 12:46:30 PM

108978

Page 2

Item ID: D4121-3

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Hose Assy

Start Date: 10/31/13 **Start Qty:** 8.00

8

Cust Item ID:

Required Date: 11/14/13 **Req'd Qty:** 8.00

8

Customer:

Reference:

Approvals: **Process Plan:** _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

**Sequence ID/
Work Center ID**

**Operation
Description**

**Set Up/
Run Hours**

Tool ID

Tool #

**Plan
Code**

**Accept
Qty**

**Reject
Qty**

**Reject
Number**

**Insp.
Stamp**

120

QC6- Inspect dimensions to drawing

0.00

DAS
27
9-89

B-11-05

8

120

QC

Quality Control

130

Small Fab

0.00

130

Small Fab

Small Fab

Memo

0.00

Install D2729-1 as per Dwg D4121
using D2182-045 Heat Shrink
Batch: B26009

140

QC5- Inspect part completeness to step on W/O

0.00

DAS
27
9-89

B-11-07

8

140

QC

Quality Control

DAS

36

9-89

B-11-07

DQA: _____ Date: _____

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause		Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>							
Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>							
Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>							
Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>							
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
Crushing <input type="checkbox"/>	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>								
Inspection Strip in Tube <input type="checkbox"/>	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>									
Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>									
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
Wave/Twist in Tube <input type="checkbox"/>	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									

Work Order ID 108978

October-31-13 12:46:30 PM

108978

Page 3

Item ID: D4121-3

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Hose Assy

Start Date: 10/31/13 **Start Qty:** 8.00

8

Cust Item ID:

Required Date: 11/14/13 **Req'd Qty:** 8.00

8

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

**Sequence ID/
Work Center ID**

**Operation
Description**

**Set Up/
Run Hours**

Tool ID

Tool #

**Plan
Code**

**Accept
Qty**

**Reject
Qty**

**Reject
Number**

**Insp.
Stamp**

150

Identify as per dwg & Stock Location

ST/95

0.00

8x

DAS
26
9-89

150

Packaging

Packaging

160

QC21- Final Inspection - Work Order Release

0.00

JR/RM 13/11/11

160

QC

Quality Control

Memo

0.00

ME
13-11-09

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
Bending	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>							
Centre Not Concentric	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>							
Cracks	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>							
Crimp/Kink/Ripple/Wave	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>							
Cuffs	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
Crushing	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
Heat Treat	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>							
Inspection Strip in Tube	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>									
Marks/Chatter	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>									
Turning Sequence	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
Wave/Twist in Tube	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									

Picklist Print

October-31-13 12:46:36 PM

Page 1

Work Order ID: 108978

108978

D4121-3

Parent Item: D4121-3

Parent Item Name: Hose Assy

Start Date: 10/31/13

Required Date: 11/14/13

Comments:

IPP REV:A NEW ISSUE 10-10-05 JLM VERIFIED BY:DD IPP
REV:B AS PER ECN 11-598 11-06-05 JLM VERF:DD IPP REV:C
11.11.16 AS PER DWG REV.D DD VERF:EC

Start Qty: 8.00

Start Qty: 8.00

Required Date: 11/14/13

Required Qty: 8.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
156003-6D0590		Purchased	No			110	Each	0.0000	1	8			
156003-6D0590 Hose Assembly									**		108878	13/11/05	
D2182-045		Manufactured	No			130	Each	0.0000	1	8			
D2182-045 Heat Shrink 4.5" Long						B26009			**		13/11/07		DAS 36 9.89
D2729-1		Manufactured	No			130	Each	0.0000	0	0			
D2729-1 Part Id Label (Re-Issue)						Ø			**		13/11/07		DAS 36 9.89

DQA: _____ Date: _____



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QA Closed: _____ Date: _____

Work Order update only

<p>Work Order: _____</p> <p>Part No. _____</p> <p>NCR No. _____</p>	DISPOSITION <input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other
---	--	--	--	--	--

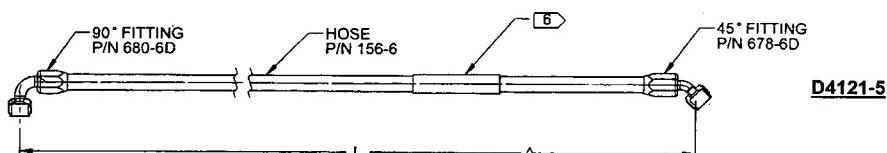
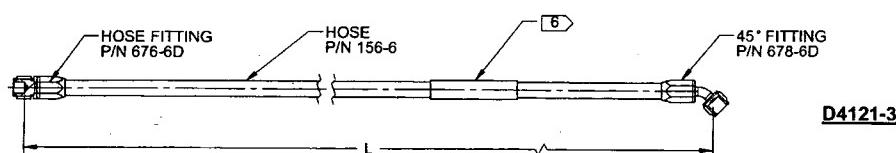
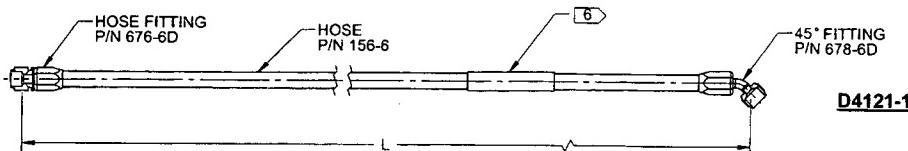
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General		
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge

8 7 6 5 4 3 2 1

D C B A



NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N & B/N USING D2729-1 LABEL INSTALLED WITH D2182-045 HEAT SHRINK
- 7) WEIGHT: N/A
- 8) STAINLESS STEEL COVERING TO HAVE MINIMUM THICKNESS OF 0.015"

HOSE SPECIFICATION			
DART P/N	STRATOFLEX P/N	VENDOR	L
D4121-1	156003-6D0274	API AVIAL	27.50
D4121-3	156003-6D0590	API AVIAL	59.00
D4121-5	156062D1054D000	API AVIAL	105.50

D

108978 MLS
13-10-31RELEASED
2011-11-16

D	P/N 156003-6D0590 WAS 156003-6D0570 (ZN D2-1)	RF	11.11.14
C	ADD P/N 156062D1054D000 TO D4121-5	RF	11.07.27
B	P/N 676-6D WAS P/N 678-6S (ZN C4-1, B4-1); P/N 676-6D WAS 676-6S (ZN D8-1, C8-1); P/N 680-6D WAS P/N 680-6S (ZN B8-1); UPDATE STRATOFLEX P/N (ZN C2-1); UPDATE NOTE 6	RF	11.03.07
A	NEW ISSUE	RF	10.09.16
REV.	DESCRIPTION		
DESIGN	RF	DART AEROSPACE USA, INC. KENT, WA	
DRAWN	RF	DRAWING NO. D4121	
CHECKED	RF	REV. D SHEET 1 OF 1	
MFG. APPR.	RF	TITLE HOSE ASSEMBLIES	
APPROVED	RF	SCALE NTS	
DE APPR.	RF	DATE 11.11.14	

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WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.

8 7 6 5 4 3 2 1



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO21929**

Purchase Order Date 11/1/2013
PO Print Date 11/4/2013

Page Number 2 of 3

Order From : VU-AVI003

AVIALL
PO BOX 842275

DALLAS, TX 75284-2275
USA

Ship To : DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name
Vendor Phone 905-676-1695

Ship To Contact
Ship To Phone
Ship Via: FedEx PI collect
Ship Acct:

Buyer Chantal Lavoie
Customer POID
Customer Tax # 10127-2607
Terms Net 30
Currency USD
FOB FCA - (Free Carrier)

Line Total: \$86.10

4	156003-6D0274	Hose Assembly	11/4/2013 Yes 11/4/2013	8.00 Each	\$146.09	\$1,168.74
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AS PER DWG D4121 REV. D
B108977

Line Total: \$1,168.74

5	156003-6D0590	Hose Assembly	11/4/2013 Yes 11/4/2013	8.00 Each	\$192.53	\$1,540.24
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AS PER DWG D4121 REV. D
B108978

Line Total: \$1,540.24

6	156062D1054D000	Hose Assembly	11/4/2013 Yes 11/4/2013	8.00 Each	\$322.53	\$2,580.24
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AS PER DWG D4121 REV. D
B108979

Note:



PROFORMA INVOICE



CUSTOMER P.O.: PO21929

ORDER NUMBER: 0014104854- 81530

ORDER DATE: 11/01/13

SHIPMENT NBR: 81530

PAGE: 1

DATE: 11/04/13

TIME: 14:45

EMP#: 23370

ORD TYP: RG

CURRENCY: USD

B 032028
 L DART AEROSPACE LTD
 L 1270 ABERDEEN STREET
 T HAWKESBURY ON K6A 1K7
 O CANADA

S
 H DART AEROSPACE LTD
 I 1270 ABERDEEN STREET
 P HAWKESBURY ON K6A 1K7
 T O CANADA

S 41270
 H AVIALL DALLAS HOSE SHOP
 I AVIALL
 P HOSE SHOP
 R 2755 REGENT BLVD
 O DFW AIRPORT TX 75261-9048
 M U.S.A.

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	BACK ORDER	UOM	UNIT PRICE	EXTENDED UNIT PRICE
PLEASE SHIP FEDEX P1 ON CUSTOMER ACCOUNT NUMBER 1517-9324-0, AWB# MUST REFERENCE THE PURCHASE ORDER NUMBER, SHIP TO THE ATTN OF CHANTAL 613-632-9577								
4	1S	156003-6D0274 HOSE: MED PRESSURE, RUBBER REIN ST, REF: HS951HD0274 Schedule B: 4009.22.0050	8	8	0 EA		146.09	1,168.72
Export Classification: 9A991.d LOT 51257007 EA Country of Origin: U.S.A.								
5	1S	156003-6D0590 HOSE: MED PRESSURE, RUBBER REIN ST, REF: Schedule B: 4009.22.0050	8	8	0 EA		192.53	1,540.24
Export Classification: 9A991.d LOT 51257008 EA Country of Origin: U.S.A.								
6	1S	156062D1054D000 HOSE: MED PRESSURE, RUBBER REIN ST, REF: Schedule B: 4009.22.0050	8	8	0 EA		322.53	2,580.24
Export Classification: 9A991.d								

CERTIFICATE OF CONFORMANCE

It is hereby certified that Aviall Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2750 Regent Blvd. DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, Mil Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at Aviall.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL RETURNED MERCHANDISE SUBJECT TO HANDLING FEE.

THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH THE PROVISIONS OF THE FAIR LABOR STANDARDS ACT OF 1938 AMENDED.

11/04/13

JR Hofmann, Director, Quality Assurance & Training

Date

CUSTOMER ORIGINAL



PROFORMA INVOICE



CUSTOMER P.O.: PO21929

ORDER NUMBER: 0014104854- 81530
ORDER DATE: 11/01/13

SHIPMENT NBR: 81530

PAGE: 2
DATE: 11/04/13
TIME: 14:45
EMP#: 23370ORD TYP: RG
CURRENCY: USD

B 032028
 I DART AEROSPACE LTD
 L 1270 ABERDEEN STREET
 T HAWKESBURY ON K6A 1K7
 O CANADA

S
 H DART AEROSPACE LTD
 I 1270 ABERDEEN STREET
 P HAWKESBURY ON K6A 1K7
 T O CANADA

S 41270
 H AVIALL DALLAS HOSE SHOP
 I AVIALL
 P HOSE SHOP
 R 2755 REGENT BLVD
 O DFW AIRPORT TX 75261-9048
 M U.S.A.

LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	BACK-ORDER	UOM	UNIT PRICE	EXTENDED UNIT PRICE
		LOT 51257009 EA Country of Origin: U.S.A.		8				

*** These commodities, technologies, or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to U.S Law is prohibited.

Aviall is not providing OEM parts. Aviall is an authorized Stratoflex distributor providing TSO assemblies. Numbers referenced per customer requirements are for customer reference ONLY and are in no way intended to be represented as OEM parts. Any reference to an OEM part number does not authorize or reflect installation authority for this part. The installation authority is provided by the mechanic installing this product in accordance with FAR Part 43.

PARTS TOTAL	5,289.20
TAXES	0.00
FREIGHT	0.00
FUEL SURCHARGE	0.00
TOTAL	5,289.20

Currency: United States Dollar

CERTIFICATE OF CONFORMANCE

It is hereby certified that Aviall Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2750 Regent Blvd. DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, Mil Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at Aviall.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

11/04/13

JR Hofmann, Director, Quality Assurance & Training

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL RETURNED MERCHANDISE SUBJECT TO HANDLING FEE.

THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH THE PROVISIONS OF THE FAIR LABOR STANDARDS ACT OF 1938 AMENDED.

CUSTOMER ORIGINAL



Hose Shop 2755 Regent Blvd. DFW Airport

75261

Phone 972-586-1380 Fax 972-586-1381 www.aviall.com

TSO CERTIFICATION

It is hereby certified that (A) The parts and/or materials reflected herein were produced under Federal Aviation Administration approved manufacturing and quality control system/methods as set forth in the FAA issued technical standard order authorizations (TSOA) issued to Stratoflex and (B) such part and/or materials are new and are in condition for safe operation.

Aviall Order Number: 14104854

1. 156003-6D0274 8EA.
2. 156003-6D0590 8EA.
3. 156062D1054D000 8EA.

Signed:

Date: 11-4-13

"Aviall is not providing OEM parts. Aviall is an authorized Stratoflex distributor providing TSO assemblies. Numbers referenced per customer requirements are for customer reference ONLY and are in no way intended to be represented as OEM parts. Any reference to an OEM part number does not authorize or reflect installation authority for this part. The installation authority is provided by the mechanic installing this product in accordance with FAR Part 43".

If applicable, satisfactory compliance with the conditions and tests required for TSO approval indicates the hose assembly has met the minimum performance standards as stated in the TSO. Furthermore, it is the responsibility of the installer to determine the installation eligibility and that it will not cause the hose assembly to be subjected to conditions in excess of those for which it has been approved.

FORM# CERT -001